

**UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

**In re**

**SHERELL ROE,**

**Debtor.**

**Chapter 7**

**Case No. 15-09235**

**Hon. Pamela S. Hollis**

**Hearing Date: August 2, 2016**

**Hearing Time: 10:30 a.m.**

**NOTICE OF TRUSTEE'S FINAL APPLICATION FOR COMPENSATION**

**PLEASE TAKE NOTICE** that on **August 2, 2016 at 10:30 a.m.** or as soon thereafter as counsel may be heard, I shall appear before the **Honorable Pamela S. Hollis**, Bankruptcy Judge, in Courtroom 644, Dirksen Federal Courthouse, 219 South Dearborn Street, Chicago, Illinois, and shall then and there present the following: **Trustee's Final Application For Compensation**, a copy of which is available for inspection at the Office of the Clerk, at the following address:

219 S. Dearborn Street  
Chicago, IL 60604

**AT WHICH TIME AND PLACE** you may appear if you so see fit.

July 7, 2016

Ira Bodenstein (#3126857)  
Shaw Fishman Glantz & Towbin LLC  
321 North Clark Street, Suite 800  
Chicago, IL 60654  
(312) 666-2861

/s/ Ira Bodenstein

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## Trustee's Compensation

Debtor: ROE, SHERELL R

Case: 15-09235

<b>Computation of Compensation</b>			
Total disbursements to other than the debtor are:			7,100.00
Pursuant to 11 U.S.C. 326, compensation is computed as follows:			
25% of First \$5,000	5,000.00	=	1,250.00
10% of Next \$45,000	2,100.00	=	210.00
5% of Next \$950,000	0.00	=	0.00
3% of Balance	0.00	=	0.00
<b>Calculated Total Compensation:</b>			<b>\$1,460.00</b>
Plus Adjustment:			0.00
<b>Total Compensation:</b>			<b>\$1,460.00</b>
Less Previously Paid:			0.00
<b>Total Compensation Requested:</b>			<b>\$1,460.00</b>
<b>Trustee Expenses</b>			
Premium on Trustee's Bond			0.00
Travel	0.0 miles at 0.0 cents per mile		0.00
Copies	100 copies at 10.0 cents per copy		10.00
Postage			8.37
Telephone Charges			0.00
Clerical / Secretarial	0.00 hours at 0.00 dollars per hour		0.00
Paralegal Assistance	0.00 hours at 0.00 dollars per hour		0.00
Supplies / Stationery			0.00
Distribution Expenses			0.00
Professional Expenses			0.00
Other Expenses			0.00
Other Expenses 2			0.00
<b>Subtotal Expenses:</b>			<b>\$18.37</b>
Plus Adjustment:			0.00
<b>Total Expenses:</b>			<b>\$18.37</b>
Less Previously Paid:			0.00
<b>Total Expenses Requested:</b>			<b>\$18.37</b>

The undersigned Trustee certifies under penalty of perjury that the foregoing is true and correct to the best of his/her knowledge and requests the United States Trustee to approve this report and accounts and requests the Court to provide for notice and opportunity for a hearing under 11 U.S.C. 330(a), 502(b), and 503(b) and to thereafter award final compensation or reimbursement of expenses and to make final allowance for the purposes of distribution to claims, administrative expenses, and other payments stated in this report and account.

WHEREFORE, the Trustee requests that this application be approved by this Court and that the Trustee be granted an allowance of \$1,460.00 as compensation and \$18.37 for reimbursement of expenses. The Trustee further states that no payments have been made or promised to him/her for services rendered or to be rendered in any capacity in this case. No agreement or understanding exists between applicant and any other person for sharing compensation received or to be received.

Dated: 06/14/16

Signed: /s/ Ira Bodenstein

Ira Bodenstein  
321 N. Clark St., Ste. 800

Chicago, IL 60654